Case 5:08-cv-00100-C Document 1-6 Filed 01/29/08 Page 1 of 11 On ahoma Department of Cornections

Group Administered Mental Health Questionnaire (Self Report)

Name: Jones Hershell DOC#: 242164 Reception Date: 1-23-62
Age: 22 Married: Yes / No (circle one) Highest Grade Completed: Z GED / College / Vo-Tech
Work History / Skills: NoNe
Instructions: For each question, circle the correct answer.
1. I have taken medicine or received counseling for mental health reasons:
Never / 5 or more years ago / Between 1 and 5 years ago / During this past year
2. I have been in counseling or taken medicine for one or more of the following reasons listed (circle all that apply)
Never / depression / anxiety (stress, bad nerves) / anger management / suicidal thoughts
Family/marriage counseling / hallucinations (hearing and/or seeing things)
3. I have been a patient in a mental hospital for psychiatric problems:
Never / Once / Two or Three times / Several times
4. I have intentionally cut hurt or tried to kill myself:
3. I have been a patient in a mental hospital for psychiatric problems: Never / Once / Two or Three times / Several times Never / Once / Two or Three times / Several times Several times / Several times / Several times Several times /
5. One or more family members have attempted or committed suicide:
Yes / No
6. One or more family members have or have had a serious mental illness:
Yes / No
7. Over the past few days, I have thought I was going crazy or had a serious mental problem:
Never / Sometimes / Most of the time
8. Over the past few days, I have been thinking seriously about committing suicide:
Never / Sometimes / Frequently
9. The last time I drank alcohol was: 2 / e 6 5 5 5 6
Give approximate month or year in blank

Instructions: For each question, circle the correct answer:

10.	Based on the choices listed below, which one is closest to how often you drink alcohol and/or liquor:
	Never / Almost every day / 2 to 4 times per week once per week (or less) / once per month (or less)
11.	Based on the choices listed below, which one is closest to how much you drink in a setting:
	Never / One to two glasses or bottles / 3 to 5 glasses or bottles / 6 to 12 glasses or bottles
	More than a 12 pack / Drink until drunk
12.	I have been to rehab, detox, or treatment for alcohol problems:
	(Never)/ Once / Two or three times / Several times
13.	The last time I used illegal drugs was: None (124).
	Give approximate month or year in the blank
14.	During the two years before I was arrested I used marijuana cocaine, crack, crank, methamphetamines,
	Heroin PCP) or other illegal drugs (circle all that you used regularly):
	Never / Almost every day / 2 to 4 times per week / once per week (or less) / once per month (or less)
15.	I have been to rehab, detox or treatment for drug problems:
ſ	Never / Once / Two or three times / Several times
16.	I have been arrested for drug or alcohol related offense:
	(Never) / Once / Two or three times / Several times
17.	I have lost or quit jobs due to my drug or alcohol problem:
(Never / Once / Two or three times / Several times
DO NOT	WRITE BELOW THE LINE
;	
Culture l	Fair Score: Refer to QMHP for Clinical Interview? (Y) / N
Commen	ts:
	n = n = n = n = n = n = n = n = n = n =
	$\mathcal{L}\mathcal{K}\mathcal{L}\mathcal{M}$

Reviewing QM

and Title

Case 5:08-cv-00100-C Document 1-6 Filed 01/29/08 Page 3 of 11 (Level II Screening Inte

Vate Received: 1/23/02
Name: Jones, HERShell Doc# 242/64 Date: 1/24/02 Time:
Current Sentence: Life up Offense: Murder 10 Prior Incarcerations:
Background Information
Age: Race: B Education: Sp. Educ. Yes No Marital: S Children:
Work History/Skills: MOME Stable work history? Yes /
Significant Medical Information: No Problems
Head Injury: Yes
Significant Life Events Disclosed: 2000 Murdered a 500 TOCO BELL
Mental Health History:
None
Family History of Mental Illness: None
Current Psych. Meds: Nowe
Past Psych. Meds; None
Self-injury or suicide attempts: Superfically cut wrist in Co Jay
un order to get to another pup 2000
Current Suicidal Ideation: Device
History of physical / sexual abuse:
Current complaints or reported symptoms:
Diagnostic Impression: No Axes I DX, ASPD
Program Recommendation:
Refer to Psychiatrist? Yes No Already seen MH level (circle one) A B C D None
About Land
Examining Clinician and Title

Revised 4/01

2. Is inmate significantly disoriented as to time, place, or person? 3. Does inmate demonstrate significant deficits in memory or recall? 4. Does inmate present with any psychotic features? (Yes- by report or history) 5. Does inmate appear significantly sad, depressed, or withdrawn? 6. Does inmate display significant symptoms of anxiety? 7. Does inmate present as hyperaroused, agitated, or with pressured speech? 8. Is inmate angry, hostile, or threatening? 9. Does inmate voice or display violent tendencies? (Yes- by report or history) 10. Does inmate voice or display suicidal tendencies? (Yes- by report or history) YES / No. 10. Does inmate appear to be intellectually challenged? YES / No. 11. Does inmate appear to be intellectually challenged?		tal Health History (cont.)	
Mental Status Assessment 1. Is inmate incoherent, bizarre, or unusually disorganized in speech or behavior? 2. Is inmate significantly disoriented as to time, place, or person? 3. Does inmate demonstrate significant deficits in memory or recall? 4. Does inmate present with any psychotic features? (Yes- by report or history) 5. Does inmate appear significantly sad, depressed, or withdrawn? 6. Does inmate display significant symptoms of anxiety? 7. Does inmate present as hyperaroused, agitated, or with pressured speech? 8. Is inmate angry, hostile, or threatening? 9. Does inmate voice or display violent tendencies? (Yes- by report or history) 10. Does inmate voice or display suicidal tendencies? (Yes- by report or history) 11. Does inmate appear to be intellectually challenged? 12. Was the inmate evasive or uncooperative with the interviewer? YES / No.	Drug	gabuse: PCV, Embombing Fluid	
Mental Status Assessment 1. Is inmate incoherent, bizarre, or unusually disorganized in speech or behavior? 2. Is inmate significantly disoriented as to time, place, or person? 3. Does inmate demonstrate significant deficits in memory or recall? 4. Does inmate present with any psychotic features? (Yes- by report or history) 5. Does inmate appear significantly sad, depressed, or withdrawn? 6. Does inmate display significant symptoms of anxiety? 7. Does inmate present as hyperaroused, agitated, or with pressured speech? 8. Is inmate angry, hostile, or threatening? 9. Does inmate voice or display violent tendencies? (Yes- by report or history) 10. Does inmate voice or display suicidal tendencies? (Yes- by report or history) 11. Does inmate appear to be intellectually challenged? 12. Was the inmate evasive or uncooperative with the interviewer? YES / No.	Alco	holabuse: LATE Teen onset	
1. Is inmate incoherent, bizarre, or unusually disorganized in speech or behavior? 2. Is inmate significantly disoriented as to time, place, or person? 3. Does inmate demonstrate significant deficits in memory or recall? 4. Does inmate present with any psychotic features? (Yes- by report or history) 5. Does inmate appear significantly sad, depressed, or withdrawn? 6. Does inmate display significant symptoms of anxiety? 7. Does inmate present as hyperaroused, agitated, or with pressured speech? 8. Is inmate angry, hostile, or threatening? 9. Does inmate voice or display violent tendencies? (Yes- by report or history) 10. Does inmate voice or display suicidal tendencies? (Yes- by report or history) 11. Does inmate appear to be intellectually challenged? 12. Was the inmate evasive or uncooperative with the interviewer? YES / No.	Alco	hol or drug tx:	
1. Is inmate incoherent, bizarre, or unusually disorganized in speech or behavior? 2. Is inmate significantly disoriented as to time, place, or person? 3. Does inmate demonstrate significant deficits in memory or recall? 4. Does inmate present with any psychotic features? (Yes- by report or history) 5. Does inmate appear significantly sad, depressed, or withdrawn? 6. Does inmate display significant symptoms of anxiety? 7. Does inmate present as hyperaroused, agitated, or with pressured speech? 8. Is inmate angry, hostile, or threatening? 9. Does inmate voice or display violent tendencies? (Yes- by report or history) 10. Does inmate voice or display suicidal tendencies? (Yes- by report or history) 11. Does inmate appear to be intellectually challenged? 12. Was the inmate evasive or uncooperative with the interviewer? YES / No.			
2. Is inmate significantly disoriented as to time, place, or person? YES / No. Does inmate demonstrate significant deficits in memory or recall? YES / No. Does inmate present with any psychotic features? (Yes- by report or history) Does inmate appear significantly sad, depressed, or withdrawn? Does inmate display significant symptoms of anxiety? Does inmate present as hyperaroused, agitated, or with pressured speech? Is inmate angry, hostile, or threatening? Does inmate voice or display violent tendencies? (Yes- by report or history) Does inmate voice or display suicidal tendencies? (Yes- by report or history) Does inmate appear to be intellectually challenged? Was the inmate evasive or uncooperative with the interviewer? YES / No. YES / No.		Mental Status Assessment	
3. Does inmate demonstrate significant deficits in memory or recall? 4. Does inmate present with any psychotic features? (Yes- by report or history) 5. Does inmate appear significantly sad, depressed, or withdrawn? 6. Does inmate display significant symptoms of anxiety? 7. Does inmate present as hyperaroused, agitated, or with pressured speech? 8. Is inmate angry, hostile, or threatening? 9. Does inmate voice or display violent tendencies? (Yes- by report or history) 10. Does inmate voice or display suicidal tendencies? (Yes- by report or history) 11. Does inmate appear to be intellectually challenged? 12. Was the inmate evasive or uncooperative with the interviewer? YES / No.	1.	Is inmate incoherent, bizarre, or unusually disorganized in speech or behavior?	YES/NO
4. Does inmate present with any psychotic features? (Yes- by report or history) 5. Does inmate appear significantly sad, depressed, or withdrawn? 6. Does inmate display significant symptoms of anxiety? 7. Does inmate present as hyperaroused, agitated, or with pressured speech? 8. Is inmate angry, hostile, or threatening? 9. Does inmate voice or display violent tendencies? (Yes- by report or history) 10. Does inmate voice or display suicidal tendencies? (Yes- by report or history) 11. Does inmate appear to be intellectually challenged? 12. Was the inmate evasive or uncooperative with the interviewer? YES / No.	2.	Is inmate significantly disoriented as to time, place, or person?	YES/NO
5. Does inmate appear significantly sad, depressed, or withdrawn? 6. Does inmate display significant symptoms of anxiety? 7. Does inmate present as hyperaroused, agitated, or with pressured speech? 8. Is inmate angry, hostile, or threatening? 9. Does inmate voice or display violent tendencies? (Yes- by report or history) 10. Does inmate voice or display suicidal tendencies? (Yes- by report or history) 11. Does inmate appear to be intellectually challenged? 12. Was the inmate evasive or uncooperative with the interviewer? YES / No.	3.	Does inmate demonstrate significant deficits in memory or recall?	YES/NO
6. Does inmate display significant symptoms of anxiety? 7. Does inmate present as hyperaroused, agitated, or with pressured speech? 8. Is inmate angry, hostile, or threatening? 9. Does inmate voice or display violent tendencies? (Yes- by report or history) 10. Does inmate voice or display suicidal tendencies? (Yes- by report or history) 11. Does inmate appear to be intellectually challenged? 12. Was the inmate evasive or uncooperative with the interviewer? YES / No.	4.	Does inmate present with any psychotic features? (Yes- by report or history)	YES/NO
7. Does inmate present as hyperaroused, agitated, or with pressured speech? 8. Is inmate angry, hostile, or threatening? 9. Does inmate voice or display violent tendencies? (Yes- by report or history) 10. Does inmate voice or display suicidal tendencies? (Yes- by report or history) 11. Does inmate appear to be intellectually challenged? 12. Was the inmate evasive or uncooperative with the interviewer? YES / No.	5.	Does inmate appear significantly sad, depressed, or withdrawn?	YES/NO
8. Is inmate angry, hostile, or threatening? 9. Does inmate voice or display violent tendencies? (Yes- by report or history) 10. Does inmate voice or display suicidal tendencies? (Yes- by report or history) 11. Does inmate appear to be intellectually challenged? 12. Was the inmate evasive or uncooperative with the interviewer? YES / No.	6.	Does inmate display significant symptoms of anxiety?	YES/NC
9. Does inmate voice or display violent tendencies? (Yes- by report or history) 10. Does inmate voice or display suicidal tendencies? (Yes- by report or history) YES / NO 11. Does inmate appear to be intellectually challenged? YES / NO 12. Was the inmate evasive or uncooperative with the interviewer? YES / NO	7.	Does inmate present as hyperaroused, agitated, or with pressured speech?	YES/NO
10. Does inmate voice or display suicidal tendencies? (Yes- by report or history) 11. Does inmate appear to be intellectually challenged? 12. Was the inmate evasive or uncooperative with the interviewer? YES / No.	8.	Is inmate angry, hostile, or threatening?	YES/NO
11. Does inmate appear to be intellectually challenged? YES / No. Was the inmate evasive or uncooperative with the interviewer? YES / No.	9.	Does inmate voice or display violent tendencies? (Yes- by report or history)	YES / NO
12. Was the inmate evasive or uncooperative with the interviewer? YES / No.	10.	Does inmate voice or display suicidal tendencies? (Yes- by report or history)	YES/NO
	11.	Does inmate appear to be intellectually challenged?	YES / NO
Explain/expand items marked "yes" or other comments:	12.	Was the inmate evasive or uncooperative with the interviewer?	YES/NO
	Ехр	lain/expand items marked "yes" or other comments:	

Clinician's Initials:

PROGRESS NOTE

		REF.	PROGRESS NOTES:
DATE	TIME	1	(S = Subjective, O = Objective, A = Assessment, P = Plan)
1/2.	3/02		Met uf Ifm in medical hor to veferral by
•	45 a-		intake Nurse - Luc to reported selfuingury
			62 mos ago - whole in jail. Self-injury was
			small superficial cut to wrist. I/m states
			he was never sucidal but only wanted to
			set out of pod (all) due to tear or vivilent.
			He reported 5-6 prior statements of SL during
	-		his /5 yes in iail - all to get out or pod
			Be a few days. I/M denied any prior
	1)	MH ty - No A+D poblems - No current
			intent to have self: Pt has been prescribed
	-		singuan for layers - but has generally
		-	the reports that he does not need meds -
			Mood vovand. MSE stable No SI
	1-6		No Shought do
			On - ASPA
	4	1	Refir to 4 services for Forther
	6		assessment in 17th
			R. annoghh,
2-4-	or		This this week he has the hil is de-
my	>		from anaty believe the england the to
			reuners as stone themes amont to hemos
			For welf hot los four M.D. shun Showert, 0x4
			Done my
	-	-	A I ASPO
			Meeens Meeens
			DÓC NO.
PATIEN	IT'S NAM	1E	mes 242164
			DOC 140106E Section _ (R11/96)
I:\OPS\O	PSSIG\OI	rssig14	\OP140106.WPD

PROGRESS NOTE

		REF.	PROGRESS NOTES:
ATE	TIME	IND.	(S = Subjective, O = Objective, A = Assessment, P = Plan)
- 20	52		One has see the late there we puter iddition
u>		, .	to reject begind last vent
			1 de se se
·			P dichaye Theymas
			11 Des of the Dais intelled (75
-47	11/0	2	22 year old. ASTID with Borfaline in Edlet (75
			14 year old 113 which gestines lakere in the mit fail
			1 2 10 to 10 10 10 10 10 10 10 10 10 10 10 10 10
			The de that an crate Bestume (con July)
			1 200 Get 18 11 Thouse auten - 1 parous
			Cast nast of Will more and
			a se not see a coro 18 at both 98 th come
			bade in after murker 2002. This OSR made
	-		good adjustment mood stapping leftest blunted
		-	No severe mord severis, State para succelle
	-	+	gestives in post home usually lacrice he is bore
		-	and being locked down. Patreat may be a candida
	-	-	for Habbitation Program at later date after more
			for Havellation Mograms an environt
			officiale testing. Resonand no testing or referre
			at this time. Not salced or noving wearing
			the time.
			p signal
	114	br	Patient seen in RHU stable but concerned
	77		about his institlety to stay out y trouble
			Patients mood & affect of normal interising
			110 meeter critions for sepressioned this time
			Dom to MR concern lump on tie chart
		+	The Wellen see
PATIE	NT'S NA	ME	DOC NO.
			242164
			DOC 140106E Section _ (R11/96)

OKLAHOMA DEPARTMENT OF CORRECTIONS PROGRESS NOTE

DATE	TIME	(S = Subjective, O = Objective, A = Assessment, P = Plan)
9/24/02		S. S/m reports not in RHU & working in kitcher.
	 	This has helped mental health Reports
		emotion as stable. Tenyd impulsionty.
		O march entrymic, affect stable, A40x3
		A: ASPD
		1 Sel in 30 days
		S. Havel MSSPC 4 Chat
,		Addending 12 1
		Am referred to the Thompson a complaint of
		And tens in the arm pet of right army
1.	10/	Have Mitte & Clinic
1/24	00	J- Pr. a unellar as to ony he is
		referred to a psychiatrist. Chart review dos
//		by Barn March Psychology Tech Cline I dos not
· · · · · · · · · · · · · · · · · · ·		reflect refund to apprehiation Parreinds
		Morr pt had seen Dr. Kaizmarch saily in 2002,
		He has a 4% PCP + Combalney fluid (Formaldelyde) at
·		until 2 year. He deries any drug abuse, He says
		he like Formaldehigele. It wake him high + it is
		"better han weed he says, work, in kitchen, on hites
		O - Coherent, affect Elettymic OSI OHI
		Mallination & Delisians DEPS STD Allisont
		baseline, Gut. Mem. Lew average Tright progress fair
		A - ASPD/ H/o Polysubstance abuse in remission in controlle
		P- No medicalions indicated
		RTC pro at staffer pt's lequestonly
PATIENT'S	NAME	DOC NO.
(Last, First)	•	JONES, HERSHELLE 242/67
		JUYES, FIERSHIP LA 19

OKLAHOMA DEPARTMENT OF CORRECTIONS PROGRESS NOTE

DATE	TIME	(S = Subjective, O = Objective, A = Assessment, P = Plan)
DATE		and se sell and and it also proche
6-10	00	
		Carried and a contract of
		Avoille Cumentice No Voices No Hallannhing
		Dens suide destons
		A) Ont Social Constate Occarden w) Hxy poly
		supstance above in semision by controlled
		the transfer to
		@ Patient ash for ice because la felt Alyphates
		1 20 sail he would bring we
		2) Regerred to moderal for pain in leas.
		3/2 wallant
· · · · ·		
,		
PATIENT'	SNAME	DOC NO.
(Last, Fige)en	ner Hershall 242164

Case 5:08-cv-00100-C Document 1-6 Filed 01/29/08 Page 9 of 11 HOMA DEPARTMENT OF CO. TIONS PROGRESS NOTE

		1	
DATE	TIME	UNIT	Mental Health Intake/Chart Review
Current psy	15/5 chotropic r	H-10(medication(s)	
			none
Markwaret	A ! - 1 - 1 !		
Most recent	Axis i diag	nosis/diagno	ses: More
Most recent	Axis II diag	nosis/diagno	oses: ASPD
Axis III-IV işs	ues of MH	relevance:	6-7-4 alteration à another
inn	naise	necd	Multiple Stat Wounds)
Suicide attem	pts/self inj	ury history:	2000 Superficially Cut
Most recent M	lH interven	tion:	e-10-04
Other special	needs/cond	cerns noted o	during chart review: Ny of dugue
Mental health I	evel: O	A B C1	C2 D Rationale: MD psych L Diag.
Clinician signatu	re/title:	Pat	TW Santine RN
nmate Name Last, First)	tersh	oll Ju	mes, Hershell 242164
		0	DOC 140106E (R 9/01)

Attachment B OP-140201

OKLAHOMA DEPARTMENT OF CORRECTIONS Mental Health or Mental-Status Review

Date: 5-25-05 Facility: OSP Unit:	F-4-22
Inmate Name: Nersell Janes DOC#: 3	242164
Purpose of Review: (Check appropriate box)	
☐ Segregation Review ☐ Re-evaluation ☐ Disciplinary Segregation ☐ Death Row ☐ Other Explain:	
Next review scheduled by : Date	
MENTAL HEALTH CLASSIFICATION LEVEL:	B
Does inmate's cell, clothing, or body seem relative unkempt or unclean?	(Please circle one) YES NO
Is inmate incoherent, bizarre, or unusually disorganized in speech or behavior?	YES NO
3. Is inmate significantly disoriented as to time, place or person?	YES (NO
4. Does inmate demonstrate significant deficits in memory or recall?	YES (NO)
5. Does inmate present any psychotic features?	YES (NO)
6. Does inmate appear significantly or unusually sad or depressed?	YES NO
7. Does inmate display significant symptoms of anxiety?	YES (NO)
8. Is inmate angry, hostile or threatening?	YES NO
9. Does inmate voice or display violent tendencies?	YES NO
10. Does inmate voice or display suicidal tendencies?	YES (NO)
11. Does inmate show sings of euphoric or expansive mood?	YES NO
Explain/expand items marked "Yes" or other comments:	
Doing well on lenequen	
Qualified Mental Health Prof	essional D

Attachment B OP-140201

(R 5/02

OKLAHOMA DEPARTMENT OF CORRECTIONS Mental Health or Mental-Status Review

Date: 08/3//05 Facility: 08/105 Unit:	FY
	17 111
Inmate Name: DOC#: Z	12/04
Purpose of Review: (Check appropriate box)	
. Segregation Review Re-evaluation	•
Disciplinary Segregation Death Row	· · · · · · · · · · · · · · · · · · ·
Next review scheduled by : <u>69/30/01</u> Date	•
	(Please circle ene)
1. Does inmate's cell, clothing, or body seem relative unkempt or unclean?	YES NO
2. Is inmate incoherent, bizarre, or unusually disorganized in speech or behavior?	YES NO
3. Is inmate significantly disoriented as to time, place or person?	YES MO
4. Does inmate demonstrate significant deficits in memory or recall?	YES NO
5. Does inmate present any psychotic features?	YES, NO
6. Does inmate appear significantly or unusually sad or depressed?	YES NO
7. Does inmate display significant symptoms of anxiety?	YES NO
8. Is inmate angry, hostile or threatening?	YES NO
9. Does inmate voice or display violent tendencies?	YES NO
10. Does inmate voice or display suicidal tendencies?	YES NO
11. Does inmate show sings of euphoric or expansive mood?	YES NO
Explain/expand items marked "Yes" or other comments:	
Vellout-III	